

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Confined Feeding Section
Office of Land Quality (N1154)
100 North Senate Avenue, P.O. Box 6015
Indianapolis, Indiana 46206-6015

INSTRUCTIONS:

This sheet must be completed, signed, dated and returned to IDEM prior to commencement of construction activities. This form may be used multiple times during a phased construction project.

Construction Notification Regulations:

327 IAC 15-15-7(d)

To provide the department with the opportunity to inspect the system or structure, the owner or operator shall notify the department prior to the commencement of construction on a new waste management system or structure.

I CENEDAL DECOMAT	TON.				
I. GENERAL INFORMAT A. PERMIT NUMBER	ION				
NPDES CAFO Permit #:					
B. FACILITY INFORMATION					
Name:			Telephone:		
Location Address:			Facsimile:		
City:	State:		ZIP Code:		
County:					
C. CONTACT INFORMATION	V				
Owner Name:			Telephone:		
Address:			Facsimile:		
City:	State:		ZIP Code:		
Operator Name:			Telephone:		
Addross:			Facsimile:		
City:	State:		ZIP Code:		
II. CONSTRUCTION INFO	ORMATION				
Construction Start Date:					
Name of Contractor:			Telephone:		
Address:			Facsimile:		
City:	State:		ZIP Code:		
Does the current construction plan differ from what was submitted to IDEM?				yes (circ	no cle one)
If yes, in accordance with 327 IAG immediately to IDEM. Changes to regulated under a general permit permittee becomes aware that into the complete or correct information not begin until written notification changes in the NOI materials must immediately in the second s	that are reasonably expectively must be reported price complete or incorrect inform to IDEM upon discover from IDEM that the NOI of	ted to alter the charact or to the change. Addit rmation was submitted y of the omission or en contains all required inf	eristics of the ortionally, 327 IA with the NOI to or. 327 IAC 1	discharge fron C 15-15-5(h) o IDEM, the p 5-15-7(c) stat	n the operation states when a permittee must submit les construction may
III. CERTIFICATION					
"I certify under penalty of law that accordance with a system design Based on my inquiry of the perso information, the information subm there are significant penalties for violations."	ned to assure that qualified in or person who manage nitted is, to the best of my	d personnel properly ga the system, or those p knowledge and belief,	ather and evaluersons directly true, accurate,	uate the inforn responsible f and complete	nation submitted. for gathering the e. I am aware that
A. NAME AND OFFICIAL TITLE	(print or type)	B. PHONE NUMBER	R (area code a	nd number)	
C. SIGNATURE D. DATE		D. DATE SIGNED			